

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P13013  
 1. Entity Name  
 THE CIRCUS GROUP CORPORATION



Principal Place of Business      Mailing Address  
 1900 BOOTHE CIRCLE, STE 104      1900 BOOTHE CIRCLE, STE 104  
 LONGWOOD, FL 32750                  LONGWOOD, FL 32750

**DO NOT WRITE IN THIS SPACE**



02232006    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-2759636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEVINE, WILLIAM  
 1900 BOOTHE CIRCLE, STE 104  
 LONGWOOD, FL 32750

**DO NOT WRITE IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

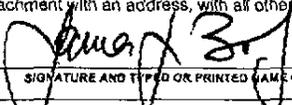
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, CARLOS 14800 SAN PEDRO, S-310 SAN ANTONIO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLZ, JAMES J 14800 SAN PEDRO STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, WILLIAM 14800 SAN PEDRO, STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUNNINGHAM, RUSSELL 14800 SAN PEDRO, STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/17/06 80001-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       2/27/06      210 490 1128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #